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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
			Application Number 10/52		10/526,368	26,368 Conf. No.: 3359		
FEE TRANSMITTAL			Filing Date	ing Date October		, 2005		
For FY 2009			First Named Inventor Masay		Masayasu I	asu MIYAZAKI		
Applicant claims and lastin status Sec. 27 CED 4 27			Examiner Name F. NIC		F. NICOLA	OLAS		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3754		3754			
TOTAL AMOUNT OF PAYMENT (\$) 49		490.00	Attorney Docket No. 008		0080-0233	PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information of this form the conditional fee (s) and the form Browth conditional fee (s) and the form Browth conditional fee (s) or underpayments are the fee (s) and the fee (s) or underpayments are the f								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
F	RCH FEES Small Entity							
Application Type Fe	Small E e (\$) Fee (\$		Fee (\$)	<u>Fee</u>	<u> Small I (\$) </u>		Fees Paid (\$)	
Utility 3	30 165	540	270	220	0 110	_	0.00	
Design 2	20 110	100	50	140	0 70) _	0.00	
Plant 2	20 110	330	165	170	0 85	5 _	0.00	
Reissue 3	30 165	540	270	650	0 325	5	0.00	
Provisional 2	20 110	0	0	(0 () _	0.00	
2. EXCESS CLAIM FEES Small Entity								
Fee Description Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)							110	
Multiple dependent claims							195	
Total Claims						itiple Depend	ent Claims	
23 20 or HP =	x _	=	0.00		<u>F</u>	ee (\$)	Fee Paid (\$)	
HP = highest number of total claim Indep. Claims Ext	is paid for, if grea ra Claims		Paid (\$)				0.00	
2 - 3 or HP =	0 x _	=	0.00					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 = 0 / 50 = 0 (round up to a whole number) x = 0.00								
4. OTHER FEE(S) Fees Paid (\$)								
Other (e.g., late filing surcharge): Two Month EOT							0.00 490.00	
Registration No. 43368 Telephone 703-205-8000								
(Antemoy/Agent)								
Name (Print/Type) Paul C. Lewis Date December 14, 2010								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.